Schedule E)			FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FU	ND		FEC IDENTIFICATION NUMBER ▼ C C00524454
			G 000324404
Check if 24-hour report X 48-hour repor	t New rep	port Amends repor	t filed on Man / Dad / Yayayay
Full Name of Payee INFOCISION MANAGEMENT	CORP		Date of Public Distribution/Dissemination 05 23 2016
Mailing Address 325 SPRINSIDE DRIVE			Amount
City	State	Zip Code	4639.78
AKRON	ОН	44333	Transaction ID : SE.9267 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M 05 / D D / Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY RODHAM CLINTON		Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought	, , ,	4639.78	Disbursement For: Primary
Full Name of Payee INFOCISION MANAGEMENT CO)RP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 23 2016 Amount
City	State	Zip Code	674.43
AKRON	ОН	44333	Transaction ID : SE.9268 Date of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	05 / 23 / 2016
Name of Federal Candidate		Support	Office Sought: House District: 00
HILLARY RODHAM CLINTON		Oppose	President Senate State: AK
Calendar Year-To-Date Per Election for Office Sought		5314.21	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expe	nditures		5314.21
(b) SUBTOTAL of Unitemized Independent Ex	penditures		
(c) TOTAL Independent Expenditures			•
. , , , , ,	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
SCOTT B MACKENZIE	[Electro	nically Filed] Date	05 25 2016
Signature			

PAGE 26 OF (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 6131.58 **AKRON** OH 44333 Transaction ID: SE.9269 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON ΑZ Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 6131.58 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 2811.82 **AKRON** ОН 44333 Transaction ID: SE.9270 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON AR Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 2811.82 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 8943.40 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

Schedule E)	LAFLINDI			PAGE 3 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				C C00524454
Check if 24-hour report X 48-hour report	New repo	ort Amends repo		M
Full Name of Payee INFOCISION MANAGEMENT COR	P			of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			Amou	
City	State	Zip Code	— I	35875.17
AKRON	OH	44333		saction ID : SE.9271 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 7 2016
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
HILLARY RODHAM CLINTON		X Oppose	X Presid	ent Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		35875.17	Disbursemer 2016	nt For:
Full Name of Payee INFOCISION MANAGEMENT CORP				of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			Amou	05 23 2016 unt
City	State	Zip Code	— r	4906.27
AKRON	ОН	44333		action ID : SE.9272 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / 2016
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
HILLARY RODHAM CLINTON		Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought	, , .	4906.27	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	S			40781.44
(b) SUBTOTAL of Unitemized Independent Expenditu	ıres			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
SCOTT B MACKENZIE Signature	[Electron	ically Filed] Date	9 05	25 / 2016

Schedule E)	IVI EXI END	TOTILO		PAGE 4 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND)		C	C00524454
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D D / Y Y Y Y Y
Full Name of Payee INFOCISION MANAGEMENT CO	RP		Date of Publ	ic Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 Amount	23 2016
City AKRON	State OH	Zip Code 44333		3505.96 ID: SE.9273 ursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	M - M	/ D D / Y Y Y Y Y Y Y Z Y Y Z Y Z Z Z Z Z Z Z
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY RODHAM CLINTON		X Oppose	President	Senate State: CT
Calendar Year-To-Date Per Election for Office Sought	, , ,	3505.96	Disbursement For: 2016 Other (s	Primary
Full Name of Payee INFOCISION MANAGEMENT CORF Mailing Address 325 SPRINSIDE DRIVE	.		Date of Publing 05 Amount	lic Distribution/Dissemination
City	State	Zip Code		886.74
AKRON	ОН	44333	Transaction I Date of Dish	
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	05 ^M	23 / 2016
Name of Federal Candidate		Support	Office Sought:	House District:00
HILLARY RODHAM CLINTON		X Oppose	President	Senate State:
Calendar Year-To-Date Per Election for Office Sought	7 7	886.74	Disbursement For: 2016 Other (s	Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		>	4392.70
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		>	47. 1 47. 1
(c) TOTAL Independent Expenditures				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize			
SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 05 / 25	2016
Signature				

Schedule E)	INI EXI ENE	JII OI ILO		PAGE 5 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND)		C	C00524454
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CC	RP		M = M /	Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 Amount	23 2016
City AKRON	State	Zip Code 44333	Transaction I	19014.47 D : SE.9275
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbu	resement or Obligation 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate HILLARY RODHAM CLINTON		Support	Office Sought:	House District: 00
Calendar Year-To-Date Per Election for Office Sought		Oppose 19014.47	Disbursement For: 2016	Primary Seneral
Full Name of Payee INFOCISION MANAGEMENT CORI)	112		c Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 Amount	23 / 2016
City	State OH	Zip Code 44333	Transaction ID	9246.94 D : SE.927 6
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbu	ursement or Obligation 23 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Support	Office Sought:	House District: 00
Calendar Year-To-Date Per Election for Office Sought		Oppose 9246.94	President Disbursement For: 2016	Senate State: GA Primary General
Total Classical Telescope Congress	7 7		Other (sp	pecify)
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	28261.41
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	
(c) TOTAL Independent Expenditures			· •	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
SCOTT B MACKENZIE Signature	[Electro	nically Filed] Date	9 05 25	2016

Schedule E)	VI EXI END	TIONEO		PAGE 6 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND			С	C00524454
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT CO	RP		M = M	ic Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 Amount	23 2016
City	State OH	Zip Code 44333	Transaction	1350.94 ID : SE .9277
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disb	oursement or Obligation 23 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Support	Office Sought:	House District: 00
Calendar Year-To-Date		Oppose	Disbursement For:	Senate State: HI Primary
Per Election for Office Sought Full Name of Payee	7 7	1350.94	Other (s	pecify) ▶lic Distribution/Dissemination
INFOCISION MANAGEMENT CORF Mailing Address 325 SPRINSIDE DRIVE)		05	23 / 2016
325 SPRINSIDE DRIVE			Amount	
City AKRON	State OH	Zip Code 44333	Transaction I	1460.34 ID: SE.9278 bursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	05 ^M	23 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
HILLARY RODHAM CLINTON		X Oppose	President	Senate State: ID
Calendar Year-To-Date Per Election for Office Sought	, , ,	1460.34	Disbursement For: 2016 Other (s	Primary X General Specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res			2811.28
(b) SUBTOTAL of Unitemized Independent Expendent	litures		·· •	7 7
(c) TOTAL Independent Expenditures			· •	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize			
SCOTT B MACKENZIE Signature	[Electron	nically Filed] Date	e 05 25	2016

Schedule E)		HONES		PAGE 7 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND				C C00524454
Check if 24-hour report X 48-hour report	New rep	ort Amends repo		M = M / D = D / Y = Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT COP	RP			of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			Amou	05 23 2016 unt
City	State	Zip Code		12334.30
AKRON	ОН	44333		saction ID : SE.9279 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	ht: House District:00
HILLARY RODHAM CLINTON		X Oppose	X Presid	lent Senate State: IL
Calendar Year-To-Date Per Election for Office Sought	7	12334.30	Disbursemen 2016	nt For:
Full Name of Payee INFOCISION MANAGEMENT CORP	_			of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			Amoi	
City	State	Zip Code	<u> —</u> г	6209.75
AKRON	ОН	44333		action ID : SE.9280 of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004] [05 23 7 2016
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
HILLARY RODHAM CLINTON		Oppose	X Presid	
Calendar Year-To-Date Per Election for Office Sought	7	6209.75	Disburseme 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditur	es			18544.05
(b) SUBTOTAL of Unitemized Independent Expendent	itures			
(c) TOTAL Independent Expenditures			· [
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized			
SCOTT B MACKENZIE	[Electron	nically Filed] Date	05	25 / 2016

PAGE 26 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 2951.23 **AKRON** OH 44333 Transaction ID: SE.9281 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON IΑ Oppose President Senate State: ✓ General Disbursement For: Primary Calendar Year-To-Date 2016 2951.23 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 2710.60 **AKRON** ОН 44333 Transaction ID: SE.9282 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON KS Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 2710.60 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 5661.83 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

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NAME (SERVATIVE MAJORITY FUND				FEC IDENTIFICATION NUMBER	BER ▼
					C C00524454	
Check it	24-hour report X 48-hour report	New repo	ort Amends rep		M / D D / Y D D	Y Y
	Name of Payee FOCISION MANAGEMENT COR	D		Date	of Public Distribution/Dissemin	ation
		1			05 23 201	6
Mail	ing Address 325 SPRINSIDE DRIVE			Amou	nt	
City		State	Zip Code		4226	.75
AK	RON	ОН	44333		action ID : SE.9283 of Disbursement or Obligation	
	pose of Expenditure TER CONTACT CALLS		Category/ Type 004	1	05 23 7 201	6
Nan	ne of Federal Candidate		Support	Office Sough	nt: House District: _	00
HIL	LARY RODHAM CLINTON		X Oppose	X Presid	ent Senate State: _	KY
	Calendar Year-To-Date Per Election for Office Sought	, ,	4226.75	Disbursemer 2016	nt For: Primary X G	ieneral
Full	Name of Payee				of Public Distribution/Dissemin	ation
IN	FOCISION MANAGEMENT CORP			Г	05 23 201	6
Mai	ling Address 325 SPRINSIDE DRIVE			Amou		
City		State	Zip Code		4363	.39
AK	RON	ОН	44333		action ID : SE.9284 of Disbursement or Obligation	
	pose of Expenditure ITER CONTACT CALLS		Category/ Type 004		05 23 201	6
Nar	ne of Federal Candidate		Support	Office Sough	nt: House District: _	00
HIL	LARY RODHAM CLINTON		Oppose	X Presid	ent Senate State: -	LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	4363.39	Disbursemer 2016	nt For: Primary X C	General
(a) S	SUBTOTAL of Itemized Independent Expenditures	S		··· ·	8590.	14
(b) S	SUBTOTAL of Unitemized Independent Expenditu	ıres		··· •	14114114	
(c) T	OTAL Independent Expenditures			···· •	7 1 7 1 7	
with,	r penalty of perjury I certify that the independer or at the request or suggestion of, any candidat committee) any political party committee or its a	e or authorized				
	SCOTT B MACKENZIE	[Electron	ically Filed] Dat	te 05	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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	meduic Ly						FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION	ON NUMBER ▼
U	ONSERVATIVE MAJORITY FUND					С	C00524454	
Che	eck if 24-hour report X 48-hour report	X New repo	ort Am	nends repo		и = м	/ D D /	Y = Y = Y = Y
T	Full Name of Payee				Date	of Publi	ic Distribution/	Dissemination
	INFOCISION MANAGEMENT CORF	-			[05	23	2016
	Mailing Address 325 SPRINSIDE DRIVE				Amou	ınt		
ŀ	City	State	Zip Code					1336.76
	AKRON	ОН	44333				ID: SE.9285 ursement or C	
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type	004		05	23	2016
İ	Name of Federal Candidate			Support	Office Sough	nt:	House	District:00
	HILLARY RODHAM CLINTON			Oppose	X Presid	_	Senate	State: ME
	Calendar Year-To-Date Per Election for Office Sought		1336.76		Disbursemer		Primary	General
			, , , , , ,			Other (sp	pecify) 🕨	
	Full Name of Payee INFOCISION MANAGEMENT CORP					M = M	/ D D /	/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE				Amou	05 unt	23	2016
	City	State	Zip Code		$ \Gamma$			5657.28
	AKRON	ОН	44333				D: SE.9286 oursement or (
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type	004		05 M	23	2016
	Name of Federal Candidate			Support	Office Sough	ht:	House	District:00
	HILLARY RODHAM CLINTON			Oppose	X Presid	_	Senate	State: MD
	Calendar Year-To-Date Per Election for Office Sought		5657.28	-	Disbursemen 2016		Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures				.		1 1 7	6994.04
((b) SUBTOTAL of Unitemized Independent Expenditur	es			· • [
((c) TOTAL Independent Expenditures				· • [
١	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized						
	SCOTT B MACKENZIE	[Electroni	cally Filed]	Date	05	25	/ 7 7 201	6
	Signature		- 					

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 6542.00 **AKRON** OH 44333 Transaction ID: SE.9287 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON MΑ Oppose President Senate State: |X General Disbursement For: Primary Calendar Year-To-Date 2016 6542.00 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 9568.86 ОН 44333 Transaction ID: SE.9288 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON MI Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 9568.86 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 16110.86 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

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PAGE 26 OF 12 (Schedule E) FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 5134.28 **AKRON** OH 44333 Transaction ID: SE.9289 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON MN Oppose President Senate State: |X General Disbursement For: Primary Calendar Year-To-Date 2016 5134.28 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 2812.79 **AKRON** ОН 44333 Transaction ID: SE.9290 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON MS Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 2812.79 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 7947.07 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

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	ME OF COMMITTEE (In Full)					FEC I	DENTIFICATION	ON NUMBER ▼
U	ONSERVATIVE MAJORITY FUND					С	C00524454	
Che	eck if 24-hour report X 48-hour report	New rep	ort Am	nends repo		M = M	/ D D /	Y Y Y Y Y
T	Full Name of Payee				Date	of Publi	ic Distribution/	/Dissemination
	INFOCISION MANAGEMENT CORP				[M M M	23	2016
	Mailing Address 325 SPRINSIDE DRIVE				Amou	unt		
ŀ	City State		Zip Code		$\dashv \sqcap$	-		5804.86
	AKRON OH		44333				ID: SE.9291 oursement or C	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type	004		M M M 05	23	2016
ľ	Name of Federal Candidate			Support	Office Soug	ht:	House	District:00
	HILLARY RODHAM CLINTON			Oppose	X Presid	_	Senate	State: MO
	Calendar Year-To-Date		5804.86		Disbursemer	nt For:	Primary	General
	Per Election for Office Sought		აი∪4.86			Other (s	pecify) ►	
	Full Name of Payee INFOCISION MANAGEMENT CORP	_		_		M = M	/ D D /	/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE				Amo	05 unt	23	2016
	City State		Zip Code		$ $ Γ			979.36
	AKRON OH		44333				ID: SE.9292 oursement or (
	Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type	004		05 M	23	2016
	Name of Federal Candidate		·	Support	Office Soug	ht:	House	District:00
	HILLARY RODHAM CLINTON			Oppose	X Presid	_	Senate	State: MT
	Calendar Year-To-Date Per Election for Office Sought	-	979.36	-	Disburseme 2016		Primary	General
((a) SUBTOTAL of Itemized Independent Expenditures				· [6784.22
((b) SUBTOTAL of Unitemized Independent Expenditures				•			
((c) TOTAL Independent Expenditures				<u> </u>			
١	Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or a party committee) any political party committee or its agent.							
		[Electron	ically Filed]	Date	05	25	201	6
	Signature					<u> </u>		

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	ME OF COMMITTEE (In Full) CONSERVATIVE MAJORITY FUND		FEC	IDENTIFICATION	ON NUMBER ▼
C	ONSERVATIVE MAJORITY FUND		C	C00524454	
Ch	eck if 24-hour report X 48-hour report New report Amends rep	port filed o	n M M	/ D = D /	Y I Y I Y I Y
	Full Name of Payee	ı	Date of Pub	lic Distribution/	Dissemination
	INFOCISIÓN MANAGEMENT CORP		05	23	2016
	Mailing Address 325 SPRINSIDE DRIVE		Amount		
	City State Zip Code				1745.25
	AKRON OH 44333			ID: SE.9293 oursement or C	
	Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	-	05	23	2016
	Name of Federal Candidate Support	Office S	Sought:	House	District:00
	HILLARY RODHAM CLINTON Oppose	XF	President	Senate	State: NE
	Calendar Year-To-Date Per Election for Office Sought 1745.25	Disburs	ement For:	Primary	X General
	Total Edition (c) Cities Code, in		Other (s	specify) 🕨	
	Full Name of Payee INFOCISION MANAGEMENT CORP		Date of Pub	olic Distribution	/Dissemination
	Mailing Address 325 SPRINSIDE DRIVE		05 Amount	23	2016
			Amount		
	City State Zip Code			,	2599.81
	AKRON OH 44333			ID: SE.9294 bursement or 0	Obligation
	Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	4	05	23	2016
	Name of Federal Candidate Support	Office S	Sought:	House	District: 00
	HILLARY RODHAM CLINTON Oppose	X	President	Senate	State: NV
	Calendar Year-To-Date Per Election for Office Sought 2599.81	Disburs 2016	Other (Primary	General
_			Other (specify)	
	(a) SUBTOTAL of Itemized Independent Expenditures	▶			4345.06
	(b) SUBTOTAL of Unitemized Independent Expenditures	▶			
	(c) TOTAL Independent Expenditures	···· •			
	Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.				
	SCOTT B MACKENZIE [Electronically Filed] Da	ite 05	/ 25		<u>ү</u>
	Signature	ile 03	1 20	201	<u> </u>

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FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 1310.55 **AKRON** OH 44333 Transaction ID: SE.9295 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON NH Oppose President Senate State: ✓ General Disbursement For: Primary Calendar Year-To-Date 2016 1310.55 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 8556.44 ОН 44333 Transaction ID: SE.9296 **AKRON** Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON NJ Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 8556.44 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 9866.99 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

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Schedule E)				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	D			FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUN	ט			C C00524454
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee INFOCISION MANAGEMENT C	ORP		Da	ate of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE				05 23 2016 mount
			A	
City	State OH	Zip Code		1972.76 ransaction ID : SE.9297
AKRON	Un	44333		ate of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 / 23 / 2016
Name of Federal Candidate		Support	Office Sc	ought: House District: 00
HILLARY RODHAM CLINTON		Oppose	X Pre	esident Senate State: NM
Calendar Year-To-Date Per Election for Office Sought		1972.76	Disburse 2016	ment For: Primary General Other (specify) ▶
Full Name of Payee			D	ate of Public Distribution/Dissemination
INFOCISION MANAGEMENT COR	₹ P			05 23 2016
Mailing Address 325 SPRINSIDE DRIVE			A	mount
City	State	Zip Code		19160.99
AKRON	ОН	44333		ansaction ID : SE.9298 ate of Disbursement or Obligation
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004		05 23 2016
Name of Federal Candidate		Support	Office So	ought: House District: 00
HILLARY RODHAM CLINTON		X Oppose	X Pro	esident Senate State: NY
Calendar Year-To-Date Per Election for Office Sought		19160.99	Disburse 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	21133.75
(b) SUBTOTAL of Unitemized Independent Expe	enditures		·· •	
(c) TOTAL Independent Expenditures			·· •	
Under penalty of perjury I certify that the indeposition of, any can party committee) any political party committee or	didate or authorized	•		
SCOTT B MACKENZIE	[Electron	nically Filed] Date	e 05	25 2016
Signature				

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 9301.79 **AKRON** OH 44333 Transaction ID: SE.9299 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON NC Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 9301.79 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 672.53 **AKRON** ОН 44333 Transaction ID: SE.9300 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON ND Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 672.53 2016 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 9974.32 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

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PAGE 26 OF 18 FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 11173.88 **AKRON** OH 44333 Transaction ID: SE.9301 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON OH Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 11173.88 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 3604.36 **AKRON** ОН 44333 Transaction ID: SE.9302 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON OK Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 3604.36 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 14778.24 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

Schedule E)		JII OILLO	PAGE 19 OF 26 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
CONSERVATIVE MAJORITY FUND)		C C00524454
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee INFOCISION MANAGEMENT CO)RP		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 23 2016 Amount
City	State OH	Zip Code 44333	3797.17 Transaction ID : SE.9303
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation 05 23 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Support	Office Sought: House District: 00 President Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Oppose 3797.17	Disbursement For: Primary General 2016
Full Name of Payee INFOCISION MANAGEMENT COR	P		Date of Public Distribution/Dissemination
Mailing Address 325 SPRINSIDE DRIVE			05 23 2016 Amount
City	State OH	Zip Code 44333	Transaction ID : SE.9304
Purpose of Expenditure VOTER CONTACT CALLS		Category/ Type 004	Date of Disbursement or Obligation M 05 23 2016
Name of Federal Candidate HILLARY RODHAM CLINTON		Support Oppose	Office Sought: House District: 00 President Senate State: PA
Calendar Year-To-Date Per Election for Office Sought		12600.13	Disbursement For: Primary X Genera 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		▶ 16397.30
(b) SUBTOTAL of Unitemized Independent Expen	ditures		··· >
(c) TOTAL Independent Expenditures			··· >
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
SCOTT B MACKENZIE Signature	[Electro	nically Filed] Date	e 05 / 25 / 2016

FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 1049.95 **AKRON** OH 44333 Transaction ID: SE.9305 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON RΙ Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 1049.95 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 4542.68 ОН Transaction ID: SE.9306 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON SC Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 4542.68 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 5592.63 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

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PAGE 26 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 783.81 **AKRON** OH 44333 Transaction ID: SE.9307 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate 00 Office Sought: Support House District: HILLARY RODHAM CLINTON SD Oppose President Senate State: Disbursement For: Primary X General Calendar Year-To-Date 2016 783.81 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 6199.53 **AKRON** ОН 44333 Transaction ID: SE.9308 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 6199.53 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 6983.34 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

NAME OF COMMITTEE (In Full)	•				
CONSERVATIVE MAJORITY FUND	DENTIFICATION NUMBER ▼				
CONSERVATIVE MAJORITY FUND	C00524454				
Check if 24-hour report X 48-hour report New report Amends report filed on					
INFOCISION MANAGEMENT CORP	lic Distribution/Dissemination				
Mailing Address 325 SPRINSIDE DRIVE Amount	23 2016				
City State Zip Code	23622.98				
AKRON OH 44333 Transaction	ID: SE.9309 oursement or Obligation				
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	23 / 2016				
Name of Federal Candidate Support Office Sought:	House District:00				
HILLARY RODHAM CLINTON Oppose President	Senate State:TX				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (s	Primary ⊠ General				
INFOCISION MANAGEMENT CORP	olic Distribution/Dissemination				
Mailing Address 325 SPRINSIDE DRIVE Amount	23 2016				
City State Zip Code	2445.00				
AKRON OH 44333 Transaction					
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004	23 / 2016				
Name of Federal Candidate Support Office Sought:	House District: 00				
HILLARY RODHAM CLINTON	Senate State: UT				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: 2016 Other (s	Primary X General				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE [Electronically Filed] Date 05 25	2016				

PAGE 23 OF 26 FOR SE OF FORM 24/48								
NAME OF COMMITTEE						FEC ID		ON NUMBER ▼
CONSERVATIV	E MAJORITY FUND)				C	C00524454	
Check if 24-hour report X 48-hour report New report Amends report filed on								
Full Name of Payee INFOCISION	MANAGEMENT CO	RP			С	M = M /	/ D D /	Dissemination
Mailing Address 325	SPRINSIDE DRIVE				A	05 Amount	23	2016
City		State	Zip Code					631.68
AKRON		ОН	44333			ransaction I	ID: SE.9311 ursement or C	
Purpose of Expendit VOTER CONTACT			Category/ Type			05 /	23	2016
Name of Federal Ca	ndidate			Support	Office S	ought:	House	District: 00
HILLARY RODHAM	CLINTON			Oppose		resident	Senate	State: VT
Calendar Year-T Per Election for			631.68	3	Disburse 2016	ement For: Other (sp	Primary pecify) ▶	General
Mailing Address	MANAGEMENT CORF	.				Date of Public 05	c Distribution	/Dissemination 2016
City		State	Zip Code					7880.74
AKRON		ОН	44333			ransaction II Date of Disbu	D: SE.9312 ursement or (Obligation
Purpose of Expendit VOTER CONTACT			Category/ Type			05	23	2016
Name of Federal Ca	Indidate			Support	Office S	Sought:	House	District:00
HILLARY RODHAM	CLINTON		X	Oppose	X P	resident	Senate	State: VA
Calendar Year-T Per Election for		7	7880.7	4	Disburs 2016	ement For: Other (sp	Primary Decify) ►	General
(a) SUBTOTAL of Itemized Independent Expenditures								
(b) SUBTOTAL of Unitemized Independent Expenditures								
(c) TOTAL Independent	ent Expenditures				. •		1 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
	B MACKENZIE	[Electron	ically Filed]	Date	e 05	/ 25	/ Y Y 201	6
Signature								

PAGE 26 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ CONSERVATIVE MAJORITY FUND C00524454 X New report 24-hour report X 48-hour report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 2016 05 23 Mailing Address 325 SPRINSIDE DRIVE Amount State Zip Code City 6625.01 **AKRON** OH 44333 Transaction ID: SE.9313 Date of Disbursement or Obligation Purpose of Expenditure Category/ **VOTER CONTACT CALLS** 004 05 23 2016 Type Name of Federal Candidate Office Sought: 00 Support House District: HILLARY RODHAM CLINTON WA Oppose President Senate State: |X General Disbursement For: Primary Calendar Year-To-Date 2016 6625.01 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination INFOCISION MANAGEMENT CORP 23 2016 Mailing Address 325 SPRINSIDE DRIVE Amount City State Zip Code 1856.33 ОН Transaction ID: SE.9314 **AKRON** 44333 Date of Disbursement or Obligation Purpose of Expenditure Category/ 004 **VOTER CONTACT CALLS** 2016 05 23 Type Name of Federal Candidate 00 Support Office Sought: House District: HILLARY RODHAM CLINTON WV Oppose President Senate State: X General Disbursement For: Primary Calendar Year-To-Date 2016 1856.33 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 8481.34 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. SCOTT B MACKENZIE [Electronically Filed] 05 25 2016 Date Signature

Full Name of Payee INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINSIDE DRIVE City State Zip Code AKRON OH 44333 Date of Public Distribution/D Amount Transaction ID : SE.9315	Y Y Y Y Y				
Check if 24-hour report	Y Y Y Y				
Check if24-hour report	Y Y Y Y				
INFOCISION MANAGEMENT CORP Mailing Address 325 SPRINSIDE DRIVE City State Zip Code AKRON OH 44333 Transaction ID: SE.9315	Y Y Y Y				
Mailing Address 325 SPRINSIDE DRIVE City State Zip Code AKRON OH 44333 Transaction ID : SE.9315	2016				
AKRON OH 44333 Transaction ID : SE.9315					
AKRON OH 44333 Transaction ID : SE.9315	5535.98				
Date of Disbursement or Ob					
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 O5 Category/ Type 004	2016				
Name of Federal Candidate Support Office Sought: House D	District: 00				
HILLARY RODHAM CLINTON	State: WI				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2016 Other (specify) ▶	X General				
Full Name of Payee INFOCISION MANAGEMENT CORP	Y = Y = Y = Y				
Mailing Address 325 SPRINSIDE DRIVE Amount	2016				
City State Zip Code	546.86				
AKRON OH 44333 Transaction ID : SE.9316 Date of Disbursement or Ob	bligation				
Purpose of Expenditure VOTER CONTACT CALLS Category/ Type 004 05 23	2016				
Name of Federal Candidate Support Office Sought: House D	District: 00				
HILLARY RODHAM CLINTON	State: WY				
Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary 2016 Other (specify) ▶	X General				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE [Electronically Filed] Date 05 25 2016 Signature					

Schedule E)	PAGE 26 OF 26 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
CONSERVATIVE MAJORITY FUND	C C00524454				
Check if 24-hour report X 48-hour report New report Amends report filed on					
Full Name of Payee INFOCISION MANAGEMENT CORP	Date of Public Distribution/Dissemination				
Mailing Address 325 SPRINSIDE DRIVE	05 23 2016 Amount				
City State Zip Code AKRON OH 44333	647.14 Transaction ID : SE.9317				
Purpose of Expenditure VOTER CONTACT CALLS Category, Type					
Name of Federal Candidate	Support Office Sought: House District: 00				
HILLARY RODHAM CLINTON	Oppose President Senate State: DC				
Calendar Year-To-Date Per Election for Office Sought 647.1	Disbursement For: Primary General 2016 Other (specify) ▶				
Full Name of Payee	Date of Public Distribution/Dissemination				
Mailing Address	Amount				
City State Zip Code					
Purpose of Expenditure Category, Type					
Name of Federal Candidate	Support Office Sought: House District: Oppose President Senate State:				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	300000.00				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
SCOTT B MACKENZIE [Electronically Filed] Signature	Date 05 25 2016				